

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, PEARLS Debriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit until satisfactory. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NI	S	S	S											
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	5T Rehab 82, GI Bleed	Infection Control	3T 55 F, Asthma/SOB												
Instructors Initials	RH		MD	DW	RH												

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. RH

Week 3 Objective 1H-Gary-this week in clinical I would have to agree that you were not completely prepared for clinical. You brought everything necessary to stay in clinical but you were scattered with documentation and putting the pieces together for your patient. Make sure you are prepared for the next clinical and bring your A game. MD

Week 5: you did well with the team leader role and were able to time manage the activities of the day well. RH

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	N/A	S	S											
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	N/A	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	S	S											
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	N/A	S	S											
d. Communicate physical assessment. (Responding)			S	N/A	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NI	S	S	S											
	RH		MD	DW	RH												

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 3 Objective 2F-This week you had a lot of difficulty with the EMR. Please be sure to reach out and slow down in order to ensure everything gets documented. MD

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	NA	S	S											
a. Perform standard precautions. (Responding)	S		S	NA	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S NI	NA	S	S											
d. Appropriately prioritizes nursing care. (Responding)			S NI	NA	S	S											
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S NA	NA	N/A	NA											
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			N/A	NA	N/A	NA											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S											
	RH		MD	DW	RH												

Comments:

Week 3 Objectives 3C and D-This week you had difficulty with prioritization and being organized. Please be sure to reach out if you are having difficulty with this in future clinicals. MD

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S											
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S	S											
m. Calculate medication doses accurately. (Responding)			S	NA	S	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	NA	NA	NA											
o. Regulate IV flow rate. (Responding)	S		N/A	NA	NA	NA											
p. Flush saline lock. (Responding)			N/A	NA	NA	NA											
q. D/C an IV. (Responding)	S		N/A	NA	NA	NA											
r. Monitor an IV. (Noticing)	S		N/A	NA	NA S	NA											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	NA	NA	NA											
	RH		MD	DW	RH												

Comments:

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

(3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood.
DW

Week 3 Objectives 3K, L, and M-You did an excellent job with medication administration this week. Great job! MD

Week 5: 3r: your patient did have an IV and you did monitor it during this week's clinical RH

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	NA	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	NA	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	S											
			MD	DW	RH												

Comments:

Week 3 Objective 4-You did really well communicating with your patient and with me about concerns and what interventions you were performing with your patient. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Tips for future improvement with APA formatting: 1. When there are more than two others, the citation should include the first author and then et al. Ex- (Lee et al., 2021). 2. When you directly quote something from your resource, the citation should include either the page number that the quote is found on, or a paragraph number if there are not page numbers. Ex- (Lee et al., 2021, p. 1). 3. In scholarly writing, the expectation is that there will be little to no direct quoting of information and that paraphrasing of information will be used whenever possible. 4. In your article reference, please make sure the title and volume of the article are italicized. Ex- Lee, J. A., Qu, K., Gainey, M., Kanekar, S. S., Barry, M. A., Nasrin, S., Alam, N. H., Schmid, C. H., & Levine, A. C. (2021). *Continuous diagnostic models for volume deficit in patients with acute diarrhea. Tropical medicine and health, 49*(1), 70. <https://doi.org/10.1186/s41182-021-00361-9> DW

Week 5: your communication with your peers as well as the nursing staff was great this week. RH

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S											
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	NA	S	S											
			MD	DW	RH												

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

5a&b: I provided the patient with education related to improved mobility including properly using his walker to assist him getting out of bed and into the wheel chair to go to OT and PT. The patient will need this education to independently move around his house I provided the education verbally, and demonstration and witnessed the patient performing the task confirming his understanding. I also provided patient with education on what his medications I passed were and their purpose according to skyscape look up. **Great job! MD**

WEEK 5- A& B) I provided patient with education on the importance of staying well hydrated and maintaining 1500-2000 ml of fluid intake a day due to her being on guaifenesin for the cough in her upper respiratory tract. Along with instructing her to increase fluids, I educated her on the importance of sitting upright and taking several deep breaths before attempting to cough. Explaining to her that this will help her cough effectively and help clear mucus from the airways. The education I provided her came directly from skyscape **Patient/Family Teaching section. Great job! RH**

Week 6-A& B I provided the patient with education regarding the prescription for docusate sodium 100mg. I explained to her that this was prescribed to loosen her stool so when she had a bowel movement, it would lessen the chances of her straining to go and relieve pain in her ribs from her possibly straining/pushing to eliminate the waste. I used skyscape to provide the education on the use of docusate sodium 100 mg to soften her stool. The information came from the indications portion of Skyscape

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	NA	NA	S											
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S											
			MD	DW	RH												

****6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

Comments:

See Care Map Grading Rubrics below.

Week 3 6B: Social Determinants that have potential to influence patient care include: Age (82) , Transportation, neither the patient or his wife drive and depend on family for transportation. Sold house due to many fall risks including multiple areas with steps, set up of house and ability to maneuver throughout the house safely. Moving into a condominium where all rooms are on one floor and smaller thus reducing the amount of movement needed and risk of falling. **Great observations! MD**

6B

Week 4- when looking at social determinants that have potential to influence patient care when looking infection control, I would include economic constraints, patient education access and quality of access, Health care access and quality among the determinants. Not all patients have financial means to receive quality healthcare, or quality education on infection control. This can and most likely will contribute to the spread of infection among their community and families. An example could be bed bugs and the treatment of bed bugs in the home. This is an expensive process to properly eradicate the infestation with heat. **Great discussion on SDOH! DW**

Week 5 (6B) Through conversation with my patient I determined that a social determinant that has potential to influence her care was her place of employment and working conditions. The patient has history of asthma and shortness of breath. She conveyed to me that she works in a factory that has poor ventilation and that the products she works with create a lot of grain dust. The patient also was concerned of the cost of her most recent stay and the impact on her rent, car payment, bills due to her not being

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

able to work. Good observations! Does your patient still work in this factory? Are there masks or respirators your patient could wear to limit the amount of dust inhaled?
RH

Week 6 (6B) Social determinants that have the potential to influence care for my patient included : Age (96) , she is on a fixed income and concerned with the cost of medications , was living on her own until the accident and will now be staying with her 75 year old daughter and her husband, and was very emotional about the burden she felt she was placing on her daughter especially at the age of 75. Multiple times throughout the 2 days of taking care of her she stated she was worthless and would've been better off for everyone had she not survived the motor vehicle accident.

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	s											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	s											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S											
	RH		MD	DW	RH												

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”**

Comments:

Week 1: **Strength:** I believe an area of strength was my head to toe assessment. I continued to thoroughly assess the patient by checking vitals, skin integrity, as well as listening to the heart, lung and bowels. **RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Weakness: An area of weakness I will improve on is maintaining sterile field during foley insertion. I will improve on this by reviewing the guidelines for maintaining a sterile field, as well as using open lab time and skills lab to work on my technique. I will seek help from my instructor and fellow students to improve. **This is a good goal! Don't forget to include a timeframe in which you will complete this by and how often you will do so.** RH

Week 3 7a: **Strength:** I believe a strength I displayed this week was listening to the patient and providing care based off their feedback regarding pace, and energy level of the patient. **You did an excellent job with patient care!** MD

7B: **Weakness:** A weakness I believe I need to improve on is slowing down and being more thorough with documentation. By next clinical rotation (2/1/23 and 2/2/23) I will study the head to toe assessment checklist and slow down, opening all tabs and follow meditech guidelines to perform appropriate documentation. **This is a great goal for you. I think another thing that will help you be more organized would be to also be mentally prepared for clinical. You know what to expect now in the clinical setting so you will be able to prepare more. Let me know if you have any questions!** MD

Strength: I believe a strength I displayed this week was listening to the patient and providing care based off their feedback regarding pace, and energy level of the patient.

WEEK 4 STRENGTH: I believe a strength I displayed this week included the recognizing of proper PPEs needed based on the contact precaution of the individual patient, as well as identifying proper hand hygiene and education that would benefit the patient. **Excellent! I am glad this clinical was able to reinforce this information for you.** DW

WEEK 4 WEAKNESS: I was unaware of the full scope of healthcare that Infection control covered. A weakness I found was the actual documentation of the infection and the precautions and identifiers. I will continue to explore meditech and educate myself on the different infections and precautions each require. I will do this weekly as I document in meditech during clinicals by looking at my patients dashboard and looking to see what precautions they have as well as what was used to determine this, as well as the onset of infection and that others have documented appropriately on the infections when applicable. **Gary, this is a great goal! When do you plan to make this a routine by, midterm perhaps? In the future, please make sure all of your goals include three things, what you will do, how often you will do it, and when you will accomplish it by. Refer to green highlighted area above. Not including all three pieces of information will result in an unsatisfactory with future goals. The timeframe is important in ensuring that you are making gradual improvements over time and not just waiting for the next opportunity in hopes that you will do better. You've got this, Gary!** DW

WEEK 5 STRENGTH- I believe a strength from this week was the improvement of my overall confidence in my decision making as well as performing my duties as a student nurse such as physical assessment and documentation in EMR. **You did very well with decision making skills and organization this week!** RH

Week 5 Weakness- I believe that I could improve on reading patient reports from providers in order to gain more background knowledge of the patient and their diagnosis as well as history to better understand their current diagnosis and what may be precipitating factors. I will complete this beginning the next clinical setting which is 2/15/2023. I will continue using patient reports throughout the remainder of my clinical experience to get as much background information as possible to better treat the patient. **This does provide extra information on the patient but sometimes we have to dig through to find the relevant information** RH

WEEK 6 Strength- I believe a strength for week 6 was communication with the nurse as well as physical therapy. My patient was noticeably in pain on Thursday as soon as she woke up. I communicated with the nurse and checked to see what time she was last given pain medication. Once I realized that she wasn't able to have a pain med, I asked the nurse about the possibility of getting her lidocaine patch and diclofenac gel at a little after 8 to help manage the pain until she was able to have her pain medications again. The nurse agreed and got the patches and administered the gel.

Week 6 weakness- I struggled with what to say to my patient when she was sad and on multiple occasions stated that she was worthless and a burden to everyone. I tried to stay positive with her, but I felt as if I stumbled with appropriate responses to reassure her and felt as if I wasn't providing her with the support she needed during her periods of sadness.

Name:		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						Total Points:	
						Faculty/Teaching Assistant Initials:	

Student Name:		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete			
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>							<p>Total Points:</p>	<p>Faculty/Teaching Assistant Initials:</p>

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2023
Skills Lab Competency Tool

Student name: Gary Barrett								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/11 or 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11 or 1/12/23	Date: 1/13/23	Date: 1/18 or 1/19/23	Date: 1/18 or 1/19/23	Date: 3/13 or 3/14/23
	Performance Codes: S: Satisfactory U: Unsatisfactory							
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/23 or 1/12/23. KA/DW

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion.

NS/LM

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/MD/RH

Week 2:

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. LM/LK

(Trach Care & Suctioning 1/18/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. The skills were completed in a sterile manner. Two prompts were needed for trach care. You took your time and thought through each step; however, your hesitation and lack of confidence, was evident in steps 8-12 of the trach care skills checklist. To continue building your confidence with these skills, please schedule a time to continue practicing in the lab. I will be happy to open the lab for you.
DW

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2023
 Simulation Evaluations

<u>Simulation Evaluation</u>	Student Name: Gary Barrett							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/30/23	Date: 2/13/23	Date: 2/24/23	Date: 3/1 or 3/2/23	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Evaluation	S							
Faculty/Teaching Assistant Initials	MD							
Remediation: Date/Evaluation/Initials	NA							

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/9/2022